

# PRIOR AUTHORIZATION CRITERIA

**BRAND NAME****(generic)****(diclofenac sodium topical solution 1.5%)****PENNSAID****(diclofenac sodium topical solution 2%)****Status: CVS Caremark Criteria****Type: Initial Prior Authorization with Quantity Limit****POLICY****FDA-APPROVED INDICATIONS****Diclofenac Sodium Topical Solution 1.5%**

Diclofenac sodium topical solution 1.5% is indicated for the treatment of signs and symptoms of osteoarthritis of the knees.

**Pennsaid**

Pennsaid is indicated for the treatment of the pain of osteoarthritis of the knee(s).

**COVERAGE CRITERIA**

The requested drug will be covered with prior authorization when the following criteria are met:

- The patient has osteoarthritis pain of the knee(s)

**AND**

- Treatment with diclofenac topical solution is necessary due to intolerance or a contraindication to oral nonsteroidal anti-inflammatory drugs (NSAIDs)

Quantity Limits apply.

**QUANTITY LIMIT**

This quantity limit should accumulate across all drugs and strengths up to highest quantity listed depending on the order the claims are processed. Accumulation does not apply if limit is coded for daily dose.

Medication	4 Weeks Limit*	12 Weeks Limit*
Pennsaid (diclofenac sodium top soln 2%)	224gm (2 bottles, 112gm each) / 21 days	672gm (6 bottles, 112gm each) / 63 days
(diclofenac sodium top soln 1.5%)	300mL (2 bottles, 150mL each) / 21 days	900mL (6 bottles, 150mL each) / 63 days

\* The duration of 21 days is used for a 28-day fill period and 63 days is used for an 84-day fill period to allow time for refill processing.

**REFERENCES**

1. Pennsaid [package insert]. Lake Forest, IL: Horizon Pharma USA, Inc.; May 2016.
2. Diclofenac topical liquid 1.5% [package insert]. Buena, NJ: Teligent Pharma, Inc.; November 2017.
3. Lexicomp Online (Lexi-Drugs). Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. <http://online.lexi.com/>. Accessed September 2019.
4. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. <http://www.micromedexsolutions.com/>. Accessed September 2019.

5. Hochberg MC, Altman RD, April, KT, et al. American College of Rheumatology 2012 Recommendations for the use of nonpharmacologic and pharmacologic therapies in osteoarthritis of the hand, hip, and knee. *Arthritis Care & Research*. April 2012. 64 (4):465–474.
6. American Academy of Orthopaedic Surgeons. The treatment of osteoarthritis of the knee. Evidence-based Guideline 2<sup>nd</sup> edition. May 18, 2013. <http://www.orthoguidelines.org/guidelines>. Accessed September 2019.